


Revised 01/2012

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS

Application (1)

IN RE:

FILED

Security Austin Risk AMG, L.L.C. Debtor	10-11645 Bankruptcy Case Number	AUG 3 2015 U.S. BANKRUPTCY COURT BY  DEPUTY
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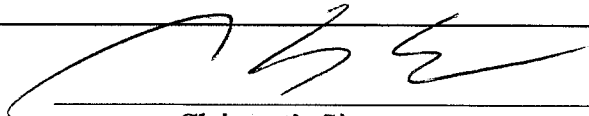
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

Comes now the Claimant identified below to make Application for an Order authorizing payment of unclaimed funds now on deposit in the Treasury of the United States for the benefit of Claimant. Claimant was a creditor/debtor in the above captioned bankruptcy case and has not received payment of these funds which are due and owing to the Claimant. Claimant further states that Claimant is:

NAME OF CLAIMANT:	<u>PCCP DCP DALLAS HOTEL, LLC</u>		
PHONE NUMBER:	<u>(214) 651-3349</u>	LAST FOUR DIGITS OF TAX ID NO:	<u>0327</u>
MAILING ADDRESS:	<u>c/o Macdonald Devin, P.C. Patrick Madden, Esq.</u> <u>3800 Renaissance Tower, 1201 Elm Street</u>		
CITY: <u>Dallas</u>	STATE: <u>TX</u>	ZIP: <u>75270</u>	

and that a dividend in the amount of \$ 15,327.98 was awarded in this case to the claimant, which dividend is currently unclaimed and held by the Clerk of Court.

Claimant certifies that all statements made by Claimant on this Application and any attachments required for this Application are, to the best of Claimant's knowledge, true and correct. Accordingly, Claimant requests the Court to enter an Order authorizing payment of the pro rata dividend due upon this claim.

Date: <u>7.29.15</u>	 Claimant's Signature
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State of _____
County of _____ **SEE ATTACHED**
Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

My commission expires: _____

Mail to: United States Bankruptcy Court
Attn: Annette Anderson, Finance
615 E. Houston, Suite 546
San Antonio, TX 78205

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

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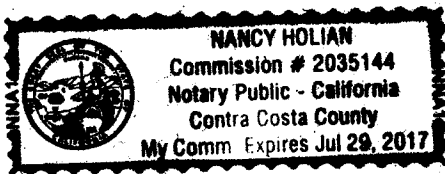
Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Contra Costa

Subscribed and sworn to (or affirmed) before me
on this 29th day of July, 2015,
by Chuck Bond
(1) _____

(and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Application for payment Document Date: _____
Number of Pages: 1 Signer(s) Other Than Named Above: _____

AUTHORIZING RESOLUTION
FOR
PCCP DCP Dallas Hotel, LLC

Pursuant to §18-302(d) of the Delaware Limited Liability Company Act

The undersigned, being the managing member of PCCP DCP Dallas Hotel, a Delaware limited liability company (the "**Company**"), hereby adopts the following resolutions on behalf of the Company as of July 30, 2006:

WHEREAS, the undersigned, on behalf of and as the managing member of the Company, desires Chuck Bond, as an authorized signatory of the Company, to execute any and all agreements, deeds, certificates, instructions, instruments, requisitions, authorizations or other documents as may be necessary, desirable, appropriate, requested or required in order to consummate the purpose and business of the Company (collectively, "**Business Documents**");

Now therefore, it is hereby

RESOLVED, that Chuck Bond, as an authorized signatory of the Company, and each of the other managers, officers, directors, partners and/or members of the Company respectively (each an "**Authorized Officer**"), is hereby authorized, directed and empowered to execute, in the name and on behalf of the Company, both on behalf of itself and as the managing member, as deemed necessary or advisable, any and all Business Documents, in each case acting alone and without the consent of any partner, manager, member or other party, and take such other actions as the Authorized Officer may deem appropriate in connection with the foregoing or otherwise required in order to consummate the transactions contemplated in the Business Documents.

RESOLVED FURTHER, that any action previously taken by an Authorized Officer on behalf of the Company, both on behalf of itself and as the manager or member of any other entities, in connection with the foregoing is hereby ratified and confirmed.


This consent may be signed in counterparts, all of which, together, shall constitute a single instrument. Facsimile signatures shall be acceptable and shall be given the same effect as an original signature. A complete copy of this resolution is to be filed with the records of the Company.

[signature page follows]

IN WITNESS WHEREOF, the undersigned have executed this Authorizing Resolution as of the date first written above.

DCP INVESTORS III, LLC,
a Delaware limited liability company,

By: DCP MANAGEMENT III, LLC,
a Delaware limited liability company,
its managing member

By: 
Name: F. Matthew DiNapoli
Its: Manager

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

IN RE:

Security Austin Risk AMG, L.L.C.

Debtor

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§
§
§
§
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§
§

Chapter 7


Bankruptcy Case No. 10-11645

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on the 31st day of July, 2015, a copy of the APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS on behalf of PCCP DCP Dallas Hotel, LLC d/b/a The Fairmont Dallas, and all related attachments, was served on the United States Attorney for the Western District of Texas at the following address:

San Antonio Division
US Attorney
601 NW Loop 410, Suite 600
San Antonio, TX 78216

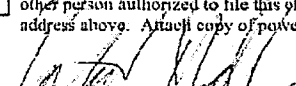
Dated: July 31, 2015

By: 
Patrick F. Madden
Counsel for PCCP DCP Dallas
Hotel d/b/a The Fairmont Dallas

924810

10-11645-tmd Claim#34-2 Filed 10/05/10 Main Document Page 1 of 3

B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT		Western District of Texas	PROOF OF CLAIM
Name of Debtor: Security Austin Risk, AMG, L.L.C		Case Number: 10-11645-cag	
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>			
Name of Creditor (the person or other entity to whom the debtor owes money or property): PCCP DCP Dallas Hotel, LLC, d/b/a The Fairmont Dallas		Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where notices should be sent: MacDonald Devin, PC Patrick Madden, Esq. 1201 Elm Street, Suite 3800, Dallas, TX 75270		Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check this box if you are the debtor or trustee in this case.	
Telephone number: (214) 651-3349			
Name and address where payment should be sent (if different from above): Telephone number:		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(): _____ Amount entitled to priority: \$ _____ <small>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
1. Amount of Claim as of Date Case Filed: \$ <u>700,306.77</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.			
2. Basis for Claim: <u>Breach of Contract</u> (See instruction #2 on reverse side.)		6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim. if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:	
Date: <u>10-4-10</u>			
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		FOR COURT USE ONLY	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Date: 01/27/15	Check Number: 177	Amount: 15,327.98
Debtor Name: SECURITY AUSTIN RISK AMG, L.L.C. Case Number: 10-11645 TMD		
Paid To: PCCP DCP Dallas Hotel, LLC dba The Fairmont Dallas c/o Macdonald Devin/ Patrick Madden 1201 Elm St #3800 Dallas TX 75270	RANDOLPH N. OSHEROW, TRUSTEE 342 W. WOODLAWN, SUITE 100 SAN ANTONIO, TX 78212 (210) 738-3001	
Description: Claim 000034, Payment 2.18875% (34-1) Breach of Contract(34-2) Breach of Contract		
Bank Account Number: 1150500089		

RANDOLPH N. OSHEROW, TRUSTEE
342 W. WOODLAWN, SUITE 100
SAN ANTONIO, TX 78212
(210) 738-3001

BANK OF KANSAS CITY

83-1510/1010

CHECK NUMBER

177

PO Box 25961 / Overland Park, KS 66225

Claim 000034, Payment 2.18875%

(34-1) Breach of Contract(34-2)

Breach of Contract

DATE

01/27/15

AMOUNT

\$*****15,327.98

PAY TO THE ORDER OF

PCCP DCP Dallas Hotel, LLC
dba The Fairmont Dallas
c/o Macdonald Devin/ Patrick Madden
1201 Elm St #3800
Dallas TX 75270

CASE NUMBER

10-11645 TMD

ESTATE OF

Debtor: SECURITY AUSTIN RISK AMG, L.L.C.

Fifteen Thousand Three Hundred Twenty Seven Dollars And

98/100

RECEIVER/TRUSTEE/DEBTOR IN POSSESSION/ASSIGNEE

THIS CHECK VOID AFTER 90 DAYS

⑈000177⑈ ⑈1010510⑈ ⑈150500089⑈